Name: **CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES Report Type Filer Status DOC HASTINGS Annual (May 15, 2012) House of Representatives Member of the U.S. District: State: یم ریا かり Amendment Daytime Telephone: 201-225-5816 Employee Officer or For use by Members, officers, and employees Employing Office: Termination Form A Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. HAND DELIVERED U.S. HOLOGICHE PRINSENTATIVES LEGISLATIVE RESOURCE CENTER 2912 MAY 11 PM 4: 37 Page 1 of S

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _S	Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
No No	Yes	No X Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S ⊠	og G	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
No No	Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	S _S	Yes No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
No X	Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	<u>×</u>	es	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
No	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N _S	Yes No	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes Yes <u>₹</u> <u>₹</u>

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SCHEDULE 1—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	fits received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
STATE OF WASHINGTON - PC=USION		25.8118 #
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AMERICAN WEST-DEPOSIT	CAPITOL UNE-DEPOST	S	YAKIMA FEDERAL - DEPOSIT	TRUST PETERSON- HASTIMAS	COLUMBIA BASIN PARERY SUPPLY	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the reporting period and (h) any other	Asset and/or Income Source	BLOCK A
×	×	*					Indefinite	×	None \$1 − \$1,000 \$1,001 − \$15,000 \$15,001 − \$50,000 \$50,001 − \$100,000	n C	year and is inc generated incom "None."	If an asset was s	method other than fair market please specify the method used	Indicate value reporting year. I	Valu	
			×	×		×			\$100,001 - \$250,000	6 H	year and is included only because it generated income, the value should be "None."	If an asset was sold during the reporting	other than fair market value, specify the method used.	Indicate value of asset at close of reporting year. If you use a valuation	Value of Asset	BLOCK B
						L			Over \$50,000,000		ê ≓	<u></u>	, je	<u> </u>		
ļ	ļ <u>.</u>	 	<u> </u>	\times	<u> </u>	L		_	NONE		ing and gai	ma)	(Su	<u> </u>)	
_	<u> </u>		 	 	}	L		×	DIVIDENDS		gains, even if reinvest disclosed as income. (if the asset generated reing the reporting period.	may check the "Tax-Defi Dividends, interest,	ch ge	retirement accounts	•	
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×	×	×	~	<u> </u>		╀		_	INTEREST		n if gen gen	in f	Sate S		Type of In	₽
<u> </u>			 	╁╾	 -	┞		×	CAPITAL GAINS		rein erate g pe	tere	tax:	unts	으	BLOCK
	<u> </u>	 	 	 	 -	┢	-		EXCEPTED/BLIND TRUST		ne. ed n	efe Defe	det	tha tha		χ O
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	may check the "Tax-Deferred" column. Dividends, interest, and capital	that generate tax-deferred income (such as 401(k) plans or IRAs), you	retirement accounts that do not allow	come	
				×					None		eal eal	<u>ē</u> ⊒	the Cal	<u> </u>	1	
X	×	×	×						\$1 - \$200 =	=	income. Check "None" if no income was earned or generated.	interest, and capital reinvested, must be	cate the category of income by checking the appropriate box below. Dividends ,	For assets for which you checked Tax- Deferred" in Block C, you may check the "Nono" column For all other assets indi-		
			ļ	<u> </u>	ļ				\$201 - \$1,000		or <u>c</u>	sted	e ca	Sels	≥	•
		<u> </u>	ļ	1		1_		×		₹	heck jene	and capital gains, even if ed, must be disclosed as	tego	BE S	Amount of Income	
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<u> </u>	 _		-	+	ļ	╂	U	_		×	inc	gains, even if disclosed as	₽ \$ 8	ay of	Ĭ	
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-	 -	 	-	┼	+-	1				<u>*</u>	was	as as ≕	iking n ds ,		1	
								S (partial)		_	year.	\$1,000 in reporting	or exchanges (E) exceeding	asset had purchases	Indicate if the	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) VANCUARD GROUP CHAS SCHWAB -Asset and/or Income Source SCHWAB SYP INDEX MATHEMS PACIFIC THERE SCAWAB LEG CAP VANE III SCHWOB INT'L ENDEY SCHWAD SHOW CAP DEPIENT ALCTS TOTAL INT'L INDEX COLD STORE INDEX IRA ➣ None 8 \$1 - \$1,000O imes imes× \$1,001 - \$15,000 ø ĺΧ \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B 'n \$100,001 - \$250,000 ਹ ਸ \$250,001 - \$500,000 \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE \times **DIVIDENDS** × RENT × INTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** TAX-DEFERRED Name Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Dol $\times \times$ XX $\times \times \times$ None Amount of Income \$1 - \$200 HASTINGS × \$201 - \$1,000 × BLOCK D \$1,001 - \$2,500 \$2,501 - \$5,000 \succ \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 Page. × Over \$5,000,000 Fransaction K BLOCK E шωъ

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SCHEDULE V- LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

			37		SP, DC, JT	
			YALIMA FEDERAL	Example: First Bank of Wilmington, DE	Creditor	
			Oct 1998	May 1998	Liability Incurred Mo/Year	Date
			OCT 1998 MORTLAGE RESIDENCE - PASCO, WA	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
					\$15,001- \$50,000	
					\$50,001- \$100,000	
	 		×	×	\$100,001- \$250,000	Amo
<u> </u>					\$250,001- \$500,000 m	unt of
	 				\$500,001- \$1,000,000	Amount of Liability
	 				\$1,000,001- \$5,000,000	ity
		_			\$5,000,001- \$25,000,000	
					\$25,000,001 \$50,000,000	
					\$50,000,000	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375